

County Seal



Signed and sworn to before me in _____
County, MI, on _____ (date).

Notary Signature _____ Notary Printed Name _____
Notary Public, Michigan, Co. of _____
My commission expires: _____
Acting in the County of _____

**MICHIGAN DEPARTMENT OF STATE
OFFICE OF THE GREAT SEAL
Lansing, Michigan 48918-1750
Telephone: 517/373-2531**

For County Use Only

County Name	
Date of Oath and Bond	__/__/__
Oath administered, and Bond filed with:	(Clerk Initials)

APPLICATION FOR MICHIGAN NOTARY PUBLIC COMMISSION

(Please Print)

1. Driver License or Personal Identification Card	Number: _____	State: _____
2. Full Name:	_____ (First) (Middle) (Last)	
3. Commissioned Name:	_____ (First) (Middle) (Last)	
4. Date of Birth:	Month __ Day __ Year __ __ __	
5. Residence Address:	_____ Number & Street City State Zip	
6. E-mail Address: (Optional)	_____	
7. Business Address:	_____ Number & Street City State Zip	
8. County:	<input type="checkbox"/> County of residence. <input type="checkbox"/> County of employment (If you are a non-Michigan resident).	
9. Telephone Numbers:	() - () (Residence) (Business)	
10. Please describe date and circumstance of any felony or other conviction during the previous ten years in this or any other state. Attach additional pages if necessary. If none, please indicate N/A (Not Applicable)		
11. If you currently hold a notary commission in this or any other state, please provide the expiration date and the state that issued the commission. Current Commission Expires: _____ State: _____		
12. If you have previously applied for an appointment as a notary public in this or any other state, please provide the result of that application, and whether you have ever had a notary public appointment revoked, suspended, restricted or canceled in this or any other state. Attach additional pages if necessary. If none, please indicate N/A (Not Applicable).		

I hereby certify that I am 18 years of age or older; a resident of Michigan or maintain a principal place of business in Michigan; a US citizen or possess proof of legal presence; able to read and write the English language; not currently incarcerated in a correctional facility or have served time during the immediate past ten years for a felony or misdemeanor offense in any state. I solemnly affirm, under the penalty of perjury, that the information provided in this application is true, complete and correct; that I have carefully read the notary laws of Michigan; and that, if appointed and commissioned as a notary public, I will perform faithfully, to the best of my ability, all notarial acts in accordance with the law.

X

Please sign your name as it will appear on documents you notarize. _____ (Date)

By affixing my signature above, I understand that all information contained on this application form is subject to disclosure under the Freedom of Information Act, 1976PA442, MCL 15.231 et seq. I am enclosing a check or money order in the amount of \$10, payable to the State of Michigan, which I understand is a non-refundable processing fee.

COMMISSIONED NAME: Your commissioned name may differ from your full name. It should match the name you will use on notarized documents.

OATH AND BOND FILING REQUIREMENTS: Before sending the application to the Office of the Great Seal, you must swear a constitutional oath of office, file a \$10,000 surety bond and pay a \$10.00 filing fee with the county clerk. Information on where to obtain your surety bond and the cost is available from insurance agents and others that will solicit your business. **IMPORTANT:** You **MAY NOT** act as a notary public until the required oath, bond and fees are filed with the county clerk **AND** you have received your commission from the Office of the Great Seal.

SUBMITTING APPLICATION AND FEE: After swearing the oath and filing your bond with the county clerk, mail the completed application to:

**Michigan Department of State
Office of the Great Seal
7064 Crowner Dr.
Lansing, MI 48918-1750**

A \$10.00 check or money order payable to the "State of Michigan" must accompany the application. **Do not send cash.**

RECEIVING YOUR COMMISSION: Your notary commission will be mailed to the address provided on your application. Expect to receive your commission in approximately 5 – 10 working days after it is received by the Office of the Great Seal.

TERM OF APPOINTMENT: Notary commissions expire six (6) years from your next birthday at time of commission issuance. Report any change of name or address to the Office of The Great Seal on the approved form.

Please direct any questions about your notary application to the **Office of the Great Seal** at **517/373-2531**.

Peel off address label and affix to your envelope.

**Michigan Department of State
Office of the Great Seal
7064 Crowner Dr.
Lansing, MI 48918-1750**

MACOMB COUNTY NOTARY PUBLIC APPLICATION COVER FORM

TO: Macomb County Clerk/Register of Deeds Carmella Sabaugh
40 North Main, First Floor
Mount Clemens, MI 48043
Phone 586-469-7935 M-F 8am – 5pm (until 7:00 pm Wednesdays)

PLEASE PRINT

FROM: Name _____
Address _____
City _____ Zip Code _____
Day Phone _____

RE: Notary Public Commission

TODAY'S DATE: _____

1. Select either U.S. mail or Delivered in person options.

Application is sent U.S. mail (must include ALL of the following):

- ☐ \$10 payable to Macomb County Clerk
- ☐ Original Application For Michigan Notary Public Commission (must be signed and notarized)
- ☐ Original Bond (must be signed and notarized)

OR

Application is delivered in person (must include ALL of the following):

The Clerk's Office will notarize the applicant's signature if proper identification is provided.

- ☐ \$10 payable to Macomb County Clerk
- ☐ Original Application For Michigan Notary Public Commission
- ☐ Original Bond

3. How do you want your copies of your Notary Public application and bond delivered to you? (Check one box below)

- ☐ U.S. Mail, first-class. Send license to address above. FREE
- ☐ Pick up at Macomb County Clerk's Office. FREE Date _____
- ☐ Overnight delivery –add \$ 14

4. Payment Information (Check one box below.)

- ☐ If applying by mail, complete Credit Card Information Form on next page, OR enclose a check payable to, "Macomb County Clerk."
- ☐ If applying in person, bring cash, credit card or a check to the County Clerk's Office payable to: "Macomb County Clerk."

CREDIT CARD INFORMATION FORM
INCLUDE THIS FORM IF YOU ARE PAYING BY CREDIT CARD

CREDIT CARD PAYMENT INFORMATION

Type of credit card being used:

☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

____ - ____ - ____ - ____ - ____
Credit card number

Expiration date: ____ / ____

I authorize the Macomb County Clerk's Office to charge me UP TO the pre-authorized amount listed on page one for the marriage license.

READ THIS AND SIGN BELOW

I also authorize the Macomb County Clerk's office and all third parties to rely upon a facsimile copy of this form and the original Application For Michigan Notary Public Commission and Bond.

Cardholder name (Please Print) Date

Cardholder signature (REQUIRED)

For a copies of this form or other forms call:

1-888-99-CLERK (that's 1-888-992-5375)

This form is document number 3140.

A complete listing of forms is document one.

For HELP completing this form call 586-469-6283.

Macomb County Clerk's Office Use Only

Card approved? ☐ yes ☐ no Clerk's initials: _____ Date: _____

Mailed? ☐ yes ☐ no

Certificates picked up? ☐ yes Date: _____